

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347000947

Report Date: 09/12/2017

Date Signed 09/12/2017 10:33:49 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR., STE 270 SACRAMENTO, CA 95833
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/13/2017** and conducted by Evaluator Erin Sumner

PUBLIC	COMPLAINT CONTROL NUMBER: 27-SC-20170613090207
FACILITY NAME: NORA'S HOME CARE #2	FACILITY NUMBER: 347000947
ADMINISTRATOR: BERCI, ELEONORA	FACILITY TYPE: 740
ADDRESS: 5813 KENNETH AVENUE	TELEPHONE: (916) 536-0240
CITY: FAIR OAKS	STATE: CA ZIP CODE: 95628
CAPACITY: 12	CENSUS: 11 DATE: 09/12/2017
MET WITH: Eleonora Berci, Administrator	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 10:45 AM

ALLEGATION(S):

1	resident was allowed to have food that was prohibited
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Erin Sumner conducted an unannounced visit to the facility on 9/12/17 at 9:00 AM for the purpose of delivering findings for the above allegation. LPA met with the administrator, Eleonora "Nora" Berci. LPA let Nora know the reason for the visit.
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5	During the complaint visit, LPA reviewed residents file, reviewed medical records from Kaiser Roseville Hospital, reviewed medical records from Pine Creek Care Center, skilled nursing facility and conducted interviews. The administrator admitted that she knew R-1 needed a pureed diet and had gotten distracted and accidentally gave R-1 solid food. The administrator also admitted that she forgot to tell the other caregiver that R-1 had a pureed diet as that caregiver was off the day R-1 was admitted to the facility.
6	Staff confirmed he was given Macaroni, Stew, and applesauce. On 6/3/17, R-1 was having secretions from R-1's mouth and spitting the secretions out. The administrator sent R-1 to the Hospital right away.
7	Hospital records document that the R-1 told the hospital R-1 felt that R-1 had something stuck in his throat. The hospital released R-1 later that evening on 6/3/17 after deciding R-1 had bronchitis and gave R-1 Albuterol. R-1 was released back to the facility. Later that evening R-1 was given his medications with applesauce. He began throwing up and aspirating. The administrator sent R-1 back to the hospital an hour after he was released from the hospital.
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10	Medical records documented R-1 having Macaroni, Meat, Applesauce and a Cucumber or Zucchini in his esophagus after the resident expired on 6/17/17 due to Aspiration Pneumonia and food in R-1's Esophagus.

Based on LPAs observations and interviews which were conducted and record interview(s), the preponderance of evidence standards has been met, therefore, the above allegation(s) is found to be SUBSTANTIATED. Per California Code of Regulations, Title 22 Division 6, Chapter 8, deficiencies are being cited on the attached 9099D during this visit. Exit interview held, Appeal Rights discussed, Copy of report given.

As a result of this incident, and the resident passing, the violation warrants a civil penalty assessment. At this time, the civil penalty assessment is under review per H&S Code Section 1569.49 and a civil penalty determination is pending by the department.

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Antoinette Wood LICENSING EVALUATOR NAME: Erin Sumner LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (916) 263-4707 TELEPHONE: (916) 214-5020 DATE: 09/12/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/12/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04)
Control Number 27-SC-20170613090207

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: NORA'S HOME CARE #2

FACILITY NUMBER: 347000947

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/12/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/13/2017 Section Cited CCR 87555(b)(7)	1 87555(b)(7) General Food Service Requirements-The following food service requirements shall apply: Modified diets prescribed by a resident's physician as a medical necessity shall be provided.- Administrator admitted she gave R-1 solid food on accident and not pureed food.	1 2 3 4 5 6 7 Administrator stated she will make a chart for each resident that needs a special diet and medications and will post it in the kitchen. Administrator shall hold an in-service training will all staff on the new chart for residents with special diets. Administrator shall send a copy of the chart and the staff signature sheet to LPA by the POC due date of 9/13/17.
Type B 09/15/2017 Section Cited CCR 87405(d)(1)	1 87405(d)(1) Administrator - Qualifications and Duties-The administrator shall have the qualifications specified in Sections 87405(d)(1) through (7). If the licensee is also the administrator, all requirements for an administrator shall apply.-Knowledge of the requirements for providing care and supervision appropriate to the residents.-	1 2 3 4 5 6 7 Administrator shall write a plan of the steps she will take when accepting residents to ensure an incident like this does not occur in the future. The written plan shall be submitted to LPA by the POC due date of 9/15/17.
	8 9 10 11 12 13 14 Administrator admitted she did not know that R-1 had an Esophagus problem and just knew he needed pureed food. R-1's 602 states he has Dysphagia and Oropharyngeal phase.	8 9 10 11 12 13 14
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Antoinette Wood

TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Erin Sumner

TELEPHONE: (916) 214-5020

LICENSING EVALUATOR SIGNATURE:

DATE: 09/12/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/12/2017